MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr Kohler

11600

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) I Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg R.F.D.
STREET ADDRESS (If rural, give location) --------

3. NAME OF DECEASED (Type or Print) (First) BENJAMIN (Middle) ROSS (Last) ANDERS

4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH May 7 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer- farmhelper
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Deerfield Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel L. Anders
14. MOTHER'S MAIDEN NAME Mary A. Wilhide

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY No. 220-05-6420
17. INFORMANT AND ADDRESS Mrs Anna Yessler No. Mulberry St Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of Colon	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of Prostate Gland	6 mos
	(c)	

177x

462

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/15, 1950, to 11/5, 1950, that I last saw the deceased alive on 11/5, 1950 and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE James R Dwyer (Degree or title) MW ADDRESS Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/7/50
NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery
LOCATION (City, town, or county) Smithsburg Wash. Md Co. (State)

DATE REC'D BY LOCAL REG. Nov. 7. 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11601

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md. — LENGTH OF STAY (in this place): 38 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 328 N Jonathan St.	STREET ADDRESS (If rural, give location): 328 N Jonathan St.

3. NAME OF DECEASED (Type or Print)	(First) Elmer	(Middle) Roscoe	(Last) Barnes	4. DATE OF DEATH	(Month) 11/7/50 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 2/11/1912	9. AGE last birthday: 38 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Albert Barnes		14. MOTHER'S MAIDEN NAME: Elizabeth Clark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Elizabeth Barnes 328 N Jonathan St.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	1 day.
Antecedent cause(s) 592X 131b — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	4 yrs
	(c) Chronic Glomerulo nephritis	4 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial Asthma	4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 6, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip [illegible]	MD	159 W. Washington St. Hagerstown Md	11/8/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/50	Rose Hill Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 10, 1950	Chas. H. Bowers	William H Downey	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11602

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1716 Virginia Avenue	STREET ADDRESS (If rural, give location) 1716 Virginia Avenue

3. NAME OF DECEASED (Type or Print)	(First) Blanche	(Middle) M.	(Last) Beyard	4. DATE OF DEATH	(Month) Nov. (Day) 15, (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 31, 1870	9. AGE last birthday 80 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Peter Zimmerman	14. MOTHER'S MAIDEN NAME Melvina Brewer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Benjamin F. Beyard Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular Disease — 5 yrs

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

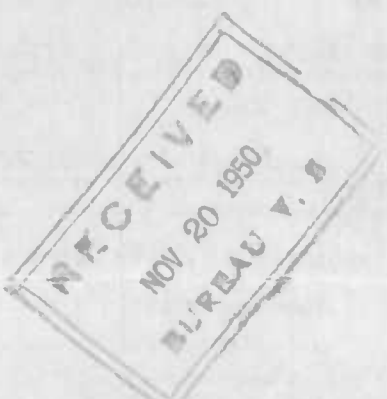
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-, 1950, to 11-15, 1950, that I last saw the deceased alive on 11-15, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. E. Waltz — ADDRESS Hagerstown Md — DATE SIGNED 11/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov. 18. 1950	NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	LOCATION (City, town, or county) (State) Washington Co. Maryland
DATE REC'D BY LOCAL REG. Nov. 17. 1950	REGISTRAR'S SIGNATURE Chas. H. Boevers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11603

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STATE MARYLAND; LENGTH OF STAY (in this place) 52 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 323 McDowell Avenue

3. NAME OF DECEASED (Type or Print): (First) Belle (Middle) Katherine (Last) Benchoff

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-16-1862

9. AGE last birthday: 88 yrs. If under 1 year: Months 0 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Greenawalt

14. MOTHER'S MAIDEN NAME: Katherine Schaubel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: George W. Benchoff, Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Lesion — Interval between onset and death: 6 yr

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1949, to 11-3, 1950, that I last saw the deceased alive on 11-2-50, 19..., and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. W. Ditto Jr. Hagerstown Md 11/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-5-1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Nov. 4. 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11604

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 20 West Franklin Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) L. (Last) Born

4. DATE OF DEATH: (Month) November (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 16, 1896

9. AGE last birthday: 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: City fire dept.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George D. Born

14. MOTHER'S MAIDEN NAME: Jennie Shiess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): W. W. I

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. S. E. Basore Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute coronary occlusion	about 9 hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Arteriosclerosis of coronary arteries	8 yrs. (?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-, 194X, to 11-27, 1950, that I last saw the deceased alive on 11-27, 1950, and that death occurred at 1130 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John H. Hoover Jr. M.D. ADDRESS: 154 W. Washington St. Hagerstown, Md. DATE SIGNED: 11-28-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Dec. 1, 1950 NAME OF CEMETERY OR CREMATORY: Rest Haven Rose Hill Cemetery LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV 29, 1950 REGISTRAR'S SIGNATURE: Chas. H. Hoovers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

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DEC 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11695

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 124 West Antietam St.

3. NAME OF DECEASED (Type or Print): (First) Vincent (Middle) De Paul (Last) Bradds

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 2, 1950

9. AGE last birthday: yrs. If under 1 year: Months; Days: 4; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Chalmer Lloyd Bradds

14. MOTHER'S MAIDEN NAME: Florella Menefee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: 124W. Antietam St. Chalmer L Bradds Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congenital atresia of esophagus.	4 days
756.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 157m	(b) Prematurity (7 months)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1950, to Nov. 6, 1950, that I last saw the deceased alive on Nov. 6, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE: R. A. Bell (Degree or title) M.D. ADDRESS: Hagerstown Md. DATE SIGNED: Nov. 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/8/50	Rose Hill cemetery	Hagerstown Wash Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR & ADDRESS
Nov. 9. 1950	Stuart H. Bowers	C. M. Suter and Sons Hagerstown, Md

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11696

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro; LENGTH OF STAY (in this place) 1 year 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1005 Woodland Way

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) McBride (Last) Bryan
4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 19 50

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-19-1871
9. AGE last birthday: 79 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Centerville, Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Jarrett
14. MOTHER'S MAIDEN NAME: Elizabeth McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT AND ADDRESS: Mr. Ford Bryan, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive, arteriosclerotic Cardio-vascular disease years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 2 Nov, 19 50 that I last saw the deceased alive on ....., 19....., and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE John Dean Wilson (Degree or title) MD ADDRESS Smithsburg DATE SIGNED 11/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 11-6-50
NAME OF CEMETERY OR CREMATORY: Concord Cemetery
LOCATION (City, town, or county) (State): Centerville, Ohio

DATE REC'D BY LOCAL REG. Nov. 3, 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hagerstown

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NOV 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11630 2

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. Halfway | LENGTH OF STAY (in this place) 12yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1811 Va. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. Halfway
STREET ADDRESS (If rural, give location) 1811 Va. Ave.

3. NAME OF DECEASED (Type or Print): (First) Clinton (Middle) H (Last) Burns
4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Dec. 26 1874	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Emp. Contractor	Maryland	USA

13. FATHER'S NAME: Daniel H Burns
14. MOTHER'S MAIDEN NAME: Catherine Schroyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
No	216-09 -2152 A	Mrs. Anna Burns 1811 Va. Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Rectum Metastasis	6 Mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

154 X
46 d

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/24/50 19..... to 11/24/50 19....., that I last saw the deceased alive on 11/24/50, 19....., and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. E. Young	M.D.	Williamsport, Md.	11/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 27 1950	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 27, 1950	Chas. H. Bowers	Albert L. Leaf	Williamsport Md.

30809

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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158 W 42

8:40 PM.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11608

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown | LENGTH OF STAY (in this place): 4 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Pennsylvania — COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Greencastle Pt. #2
STREET ADDRESS (If rural, give location): Greencastle Pt. #2

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Daley

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Apr 26, 1910

9. AGE last birthday: 40 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Kadle

14. MOTHER'S MAIDEN NAME: Estie Cordell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Robert Daley, Greencastle Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic CARCINOMA of Abdomen	3 mos
171X Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Squamous Cell CARCINOMA of Cervix	1 yr. +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Richard J. Hauver (Degree or title) M.D. ADDRESS: Hagerstown, Md DATE SIGNED: Nov. 14 1950

23. BURIAL, CREMATION REMOVAL, (Specify): burial | DATE: Nov 16, 1950 | NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery | LOCATION (City, town, or county) (State): Montgomery Co. Penna.

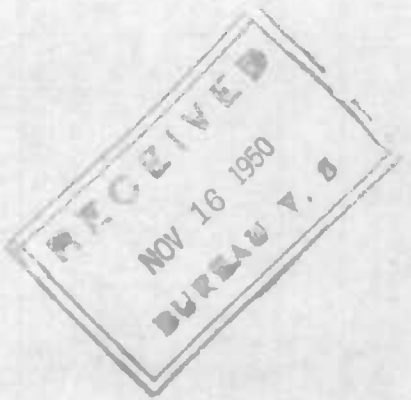
DATE REC'D BY LOCAL REGISTRAR: Nov. 14, 1950 | REGISTRAR'S SIGNATURE: Grace A. Bowers

24. FUNERAL DIRECTOR: W.T. Norment | ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MARYLAND STATE DEPARTMENT OF HEALTH Dr. Lusby

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 43 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Randolph Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 112 Randolph Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Davis

4. DATE OF DEATH: (Month) Nov. (Day) 19, (Year) 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 9, 1866

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clk. J. W. Myers Co.,

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Lappans, Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jonathan Davis

14. MOTHER'S MAIDEN NAME: Mary Lookingland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: J. Franklin Davis

18. MEDICAL CERTIFICATION Hagerstown, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease with Myocardial Failure — Interval Between Onset and Death: 15yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

422.1 932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NM

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NM

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1935, to 19 Nov, 1950, that I last saw the deceased alive on 19 Nov, 1950, and that death occurred at 8:17 A m., from the causes and on the date stated above.

SIGNATURE F F Lusby (Degree or title) ADDRESS 230 N Potomac St Hagerstown Md. DATE SIGNED 20 Nov 50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 11-21-1950 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Nov. 21, 1950 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

266 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr Kneisley

11610

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 38 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 East Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 63 East Ave

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) BLANCHE (Last) DELLINGER

4. DATE OF DEATH (Month) Nov 4 (Day) 1950 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 17 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Downsville Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cyrus Dellinger
14. MOTHER'S MAIDEN NAME Elizabeth Winter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Miss Lutie Dellinger 83 East Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331x	Immediate cause	(a) Cerebral Hemorrhage	4 days.
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive vascular Disease with	Indef.
		(c) General arteriosclerosis:	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X X

19a. DATE OF OPERATION X X
19b. MAJOR FINDINGS OF OPERATION X X
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) X X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X X
(CITY OR TOWN) X X (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) X (Year) X (Hour) m.
INJURY OCCURRED While at Work ☐ X Not While At work ☐
HOW DID INJURY OCCUR? X X

22. I hereby certify that I attended the deceased from Jan, 1940, to Nov 4, 1950, that I last saw the deceased alive on Nov 3, 1950, and that death occurred at 12:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
B. Kneisley MD 148 W. Wash. St. Hagerstown Md. 11-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/7/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG. Nov. 7. 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Zittlestown - Rural
LENGTH OF STAY (in this place) 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown Md. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Zittlestown - Rural
STREET ADDRESS (If rural, give location) Middletown Md. R.1.

3. NAME OF DECEASED (Type or Print) (First) Philip (Middle) Edward (Last) Derr.

4. DATE OF DEATH (Month) (Day) (Year) November 25. 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH October 17-1878
9. AGE last birthday 72-1-8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Farm work, Cemetery, General Store
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Derr.
14. MOTHER'S MAIDEN NAME Catherine Dutrow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-18-0065
17. INFORMANT AND ADDRESS Mrs. Pauline Derr. Middletown Md. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insufficiency	23 days
9 3d	(c) Indigestion	" "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nevousness " "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1950, to Nov. 25, 1950, that I last saw the deceased alive on Nov. 22, 1950, and that death occurred at 4.40 P. m., from the causes and on the date stated above.

SIGNATURE J Shubert Wade. (Degree or title) M. D. ADDRESS Boonsboro - Md. DATE SIGNED 11/28/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 29. 1950
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REG. Nov. 29, 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

866VV

Dr. Wade

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11612

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 6 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY ~~Washington~~ Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland; STREET ADDRESS (If rural, give location) 1910 Virginia Avenue

3. NAME OF DECEASED (Type or Print): (First) Mary - (Middle) F (Last) Finafrock

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Home duties

11. BIRTHPLACE (State or foreign country): Mercersburg Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fallon Michael.

14. MOTHER'S MAIDEN NAME: Wilkins - M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: A. J. Fallon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast. — Interval Between Onset and Death: ? 2-3 years

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) - 0

(c) - 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0 (CITY OR TOWN): None (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from November 2nd, 1950, to November 17, 1950 that I last saw the deceased alive on November 1950, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE: Victor D. Miller (Degree or title) ADDRESS: DR. VICTOR D. MILLER 131 W. WASHINGTON ST. HAGERSTOWN, MD. DATE SIGNED: 11/17/1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 20, 1950 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Mercersburg Pa

DATE REC'D BY LOCAL REG.: Nov. 18, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: D. J. Trumpower Son — ADDRESS: Mercersburg, Pa

VS. A15

RECEIVED
NOV 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Wells

11613

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstwon
LENGTH OF STAY (in this place) 4 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 514 No Mulberrry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 514 No. Mulberry St.

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) FUNK (Last) FLEMING

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1950

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feby 11 1893

9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Leitersburg Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Martin C. Funk

14. MOTHER'S MAIDEN NAME Ida Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Raymond E. Fleming

18. MEDICAL CERTIFICATION 514 No. Mulberry St Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X Immediate cause (a) Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH 22 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

47C (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-27-49

19b. MAJOR FINDINGS OF OPERATION as above

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1937, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Wells MD, ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 11/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/21/50

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown Wash. Co Md (State)

DATE REC'D BY LOCAL REG. Nov. 21, 1950

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstiwn Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R. 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena
STREET ADDRESS (If rural, give location) Boonsboro Md. R. 2

3. NAME OF DECEASED (Type or Print) (First) Vera (Middle) Virginia (Last) Forsythe

4. DATE OF DEATH (Month) (Day) (Year) November - 4 - 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 15-1895
9. AGE last birthday 55-7-19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home.
11. BIRTHPLACE (State or foreign country) Mt. Lena Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Soloman Faulder
14. MOTHER'S MAIDEN NAME Martha S. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Clarence C. Forsythe - Boonsboro Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular fibrillation, chronic — Irregularly 4 1/2 years

410 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart disease — RHD 30 yrs (?)

92 b (c) mitral stenosis and insufficiency and chronic congestion failure — Chr failure 3 1/2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 4-5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Nov 4, 1950, that I last saw the deceased alive on Nov 2, 1950, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE Wm F. Laymus (Degree or title) M.D. ADDRESS 5 Public Square Hagerstown DATE SIGNED Nov 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 6. 1950
NAME OF CEMETERY OR CREMATORY Mt. Lena Cemetery
LOCATION (City, town, or county) (State) Mt. Lena Wash. Co. Md.

DATE REC'D BY LOCAL REG. Nov. 6. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm F. Bast & Sons ADDRESS Boonsboro Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
NOV 8 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11615

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN.
STREET ADDRESS (If rural, give location): Washington County Hospital

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) FOST

4. DATE OF DEATH: (Month) NOV (Day) 16 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: NOV. 16. 1950

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Hagerstown. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: MARK HAROLD FOST

14. MOTHER'S MAIDEN NAME: SARA ELEANOR McKINLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: MARK Harold FOST

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset and Death: 26wks-gestation-

776X Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1950, to Nov 16, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 7:45 a.m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Archie Robert Cohen M.D. CLEAR SPRING. Md 11-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION | DATE: 11-16-50 | NAME OF CEMETERY OR CREMATORY: WASH. CO. HOSP. | LOCATION (City, town, or county) (State): HAGERSTOWN MD.

DATE REC'D BY LOCAL REG.: Nov. 16. 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Mark H. Fost ADDRESS: Hancock, Md.

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NOV 20 1950
BUREAU V. S.

11616

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 11 mps. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 10 Bernice Ave.

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) (Last) Grain
4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 12, 1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 25 yrs. Presser
10b. KIND OF BUSINESS OR INDUSTRY Hopkins-Men's hats
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Grain
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ritchie State Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Arteriosclerotic Cardio-Vascular Disease	Unknown
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia, Right	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 19, 1950, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE William B. Birch (Degree or title) M.D. ADDRESS Ritchie State Hosp. - Cascade, Md. DATE SIGNED 11-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Nov 22
NAME OF CEMETERY OR CREMATORY Western
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 1/21/50
REGISTRAR'S SIGNATURE A. V. Hedrick
24. FUNERAL DIRECTOR Harry H Wetzel ADDRESS 4101 Edmonds

MSV

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11617

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 306 Liberty St.

3. NAME OF DECEASED (Type or Print): (First) Rodger (Middle) Lee (Last) Guessford

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 12, 1950

9. AGE last birthday: yrs. If under 1 year: Months 1 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Roy Guessford

14. MOTHER'S MAIDEN NAME: Racheal Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Roy Guessford, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchio Pneumonia

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis

107 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 19 50, to 11-19, 19 50, that I last saw the deceased alive on 11-19, 19 50, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Bradley M.D. Hagerstown Md. 11/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 11-21-1950
NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
LOCATION (City, town, or county) (State): Wash. County, Md.

DATE REC'D BY LOCAL REG. Nov. 26 1950
REGISTRAR'S SIGNATURE: Stuart Bowers

24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son Hagerstown

90012026340 5

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 24 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

11618

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Hagerstown
   LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Coronory Case

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
   STREET ADDRESS (If rural, give location) 521 Jefferson St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ralph	Harlen	Hartle	Nov.	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Dec. 26, 1894	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Hagerstown Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William B. Hartle	Sarah A, Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Yes World War 1	----	Mrs. Dorothy Poffenberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

322.2 94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted - from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO. MD.	115 N. Potomac Hagerstown, Md.	11/13/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 14-50	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14, 1950	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

XVX99

RECEIVED
NOV 16 1950
BUREAU V. S

Evidence for change of of birth date showonn:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Conrad 11619

FILM No. G 1 29 NOV 27 1950 **CERTIFICATE OF DEATH**

Reg. Dist. No. 302 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 2 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Devonshire Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 114 Devonshire Road

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) BELLE (Last) HENSON

4. DATE OF DEATH: (Month) (Day) (Year) Nov 13 1950 19

5. SEX: Feme

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Widow

8. DATE OF BIRTH: Sept. 11/1876

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Edinburge Warren. Co. Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Gabriel Jenkins

14. MOTHER'S MAIDEN NAME: Rebecca Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Lena Stokes

18. MEDICAL CERTIFICATION — 706 W. John St Martinburg. W. Va

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cer. Myocarditis — 8 yrs.

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to Nov 13, 1950, that I last saw the deceased alive on Nov 12, 1950, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert P. Conrad, M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED Nov 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov/16/50 | NAME OF CEMETERY OR CREMATORY Sandy Hook Cemetery | LOCATION (City, town, or county) (State) Sandy Hook. WashCo. Md

DATE REC'D BY LOCAL REG. Nov. 16. 1950 | REGISTRAR'S SIGNATURE Chas. A. Bowers | 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman. Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950
BUREAU V. S

11620

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 1118 Oak Hill Ave.

3. NAME OF DECEASED (Type or Print)	(First) Baby	(Middle) Girl	(Last) Heyser	4. DATE OF DEATH	(Month) Nov. (Day) 28 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Nov 28, 1950	9. AGE last birthday yrs.	If under 1 year Months. Days; If under 24 hrs. Hours 17 Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Harvey Hughes Heyser, Jr.		14. MOTHER'S MAIDEN NAME Lolita Frances Lovett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Father			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple Congenital Anomalies, Atelectasis	Birth
7625 Antecedent cause(s)	Prematurity	
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1950, to 11-28, 1950, that I last saw the deceased alive on 11-28, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Margaret Sullivan	M.D.	318 N. Potomac St	11-29-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-30-50	Rest Haven	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 30. 1950	Chas H. Howard	C. M. Suter & Son	

21 X 280 383 373

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 4 1950
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11621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 367

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence	STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print)	(First) ALBERT	(Middle) CLIFTON	(Last) HOFFMAN	4. DATE OF DEATH	(Month) Nov. 13,	(Day)	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov.24,1881	9. AGE last birthday 68 yrs.	If under 1 year Months 11	Days 20	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farm	11. BIRTHPLACE (State or foreign country) Shepherdstown, West Va.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Benjamin Franklin Hoffman	14. MOTHER'S MAIDEN NAME Mary Badger						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Charles H. Hoffman, R.F.D.#1, Harpers Ferry, West Va.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2 years

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 1, 1950, to Nov 1, 1950, that I last saw the deceased alive on Oct 15, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald K. McIntyre	MD	Bolivar, W.Va.	Nov 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/15/50	NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	LOCATION (City, town, or county) (State) Shepherdstown, West Va.
DATE REC'D BY LOCAL REG. Nov 17 1950	REGISTRAR'S SIGNATURE Cornelius H. Castle Deputy	24. FUNERAL DIRECTOR Melvin T. Stinger, Charles Town West Va.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950
BUREAU V. S

Countersigned
Nov. 19 '50
S Robert Mells, M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore FORM No. G 12 DEC 11 1950

Evidence for addition in 18 shown on:

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Breathedsville
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md State Ref. for Males

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY McDermott
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Radford
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) BERNIE (Middle) ELLIS (Last) HORTON
4. DATE OF DEATH (Month) (Day) (Year) Nov 18 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 31 1926
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Carroll Co Va.
12. CITIZEN OF WHAT COUNTRY? US.A

13. FATHER'S NAME Burton Horton
14. MOTHER'S MAIDEN NAME Mandy Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY No. 245-26-4550
17. INFORMANT AND ADDRESS Mrs Beulah Horton

18. MEDICAL CERTIFICATION Radford Va.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Autopsy has been performed. Final findings will be sent to office~~

274X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

65b

(c) Acute adrenal insufficiency. (12-11-50 ams)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1950, to Nov 18, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 5:25P p.m., from the causes and on the date stated above.

SIGNATURE Robert P. Conrad, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED Nov 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 11/20/50
NAME OF CEMETERY OR CREMATORY Banks Family cemetery
LOCATION (City, town, or county) (State) Carroll Co. Va.

DATE REC'D BY LOCAL REG. Nov. 19. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guelford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~Cord~~ COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Boonsboro~~ Frederick City
STREET ADDRESS (If rural, give location) ~~Boonsboro, Md~~ 500 Trail Ave.

3. NAME OF DECEASED (Type or Print) (First) Lizzie (Middle) (Last) Klein
4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 24. 1861
9. AGE last birthday 89 yrs. If under 1 year Months 6 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Native

13. FATHER'S NAME E. Frederick Klein
14. MOTHER'S MAIDEN NAME Mary Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Clara Duval. Mt Airy. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	6 days
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	51 days.
97	(c) Arteriosclerosis	51 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Neurasthenia — 51 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1950, to Nov 2, 1950, that I last saw the deceased alive on Nov 1, 1950, and that death occurred at 2.27 a.m., from the causes and on the date stated above.

SIGNATURE J. Hubert Made (Degree or title) M. D. ADDRESS Boonsboro, Md. DATE SIGNED 11/2/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 5. 1950
NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery
LOCATION (City, town, or county) (State) Fred. Co. Md.

DATE REC'D BY LOCAL REG. Nov. 3. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR C. M. Waltz - ADDRESS Winfield Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11624

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Shealy

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Sharpsburg Rural | LENGTH OF STAY (In this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Rural
STREET ADDRESS (If rural, give location) Sharpsburg Md

3. NAME OF DECEASED (Type or Print): (First) Goldie (Middle) Kathleen (Last) Lohman

4. DATE OF DEATH: (Month) (Day) (Year) November - 28 - 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: January 7 1913 | 9. AGE last birthday: 37 Years 10 Months 21 Days | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Beaver Creek Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roy Shoop.
14. MOTHER'S MAIDEN NAME: Ester Draper.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: Robert A. Lohman Sharpsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
356.1 Immediate cause	(a) Amyotrophic lateral sclerosis	1/2 years
82 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to 11/28, 19 50, that I last saw the deceased alive on 11/28/50, 19..., and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE: Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md DATE SIGNED 11/29/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial.	Dec. 1. 1950	Mt. View Cemetery	Sharpsburg Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-30	[illegible]	Wm. J. Bast & Sons Boonsboro Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Earl Young 11625

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 54 Mealey Parkway

3. NAME OF DECEASED (Type or Print) (First) ALLEN (Middle) (Last) LONG

4. DATE OF DEATH (Month) Nov 7 (Day) 1950 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Oct 1 1871
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Ice Co
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Downsville Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Long
14. MOTHER'S MAIDEN NAME Anna C. Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 212-14-7132A
17. INFORMANT AND ADDRESS Mrs Dorothy Myers 54 Mealey Parkway Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492x Immediate cause (a) Pneumonitis (atypical) — INTERVAL BETWEEN ONSET AND DEATH 14 day

109 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.25.50, 19....., to 11.7.50, 19....., that I last saw the deceased alive on 11/7/50, 19....., and that death occurred at 9.55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Young MD ADDRESS Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/9/50
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown WashCo Md

DATE REC'D BY LOCAL REG. Nov. 8. 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Hagerstown — LENGTH OF STAY (in this place) lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 2	STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print)	(First) Jasper	(Middle) Victor	(Last) Long	4. DATE OF DEATH	(Month) Nov.	(Day) 15,	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 9, 1910	9. AGE last birthday 40 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Newspapers	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U,S.				
13. FATHER'S NAME John N. Long	14. MOTHER'S MAIDEN NAME Mary Butts						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT AND ADDRESS John N. Long Hagerstown, Md. Rt.2					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardiovascular Disease	1 yr.
443x Antecedent cause(s)	(b) Cardiac Failure (Decompensation)	6 months
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 18, 1938, to Nov. 15, 1950, that I last saw the deceased alive on Nov. 14, 1950, and that death occurred at 7:50 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Howard Yeager	M. D.	Hagerstown, Md.	Nov. 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov. 18, 1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Nov. 17, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

27814

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chewsville — LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Smithsburg #2.

3. NAME OF DECEASED (Type or Print): (First) Luther (Middle) Kelbe (Last) Lung
4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 5/6/1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Beaver Creek
12. CITIZEN OF WHAT COUNTRY? A.S.A.

13. FATHER'S NAME: John Lung
14. MOTHER'S MAIDEN NAME: Amelia Byers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hugh W Bowman Smithsburg Md R 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis of spinal artery — 2 mos

454X Antecedent cause(s) — spinal

133a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Pyelitis & Cystitis, diabetes & kerg — 2 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1950, to Nov 19, 1950, that I last saw the deceased alive on 9 Nov, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE: E H Wachlenber (Degree or title) — ADDRESS: Hagerstown — DATE SIGNED: 11/20/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE: 11-22-50 — NAME OF CEMETERY OR ~~CREMATORY~~: Rest Haven — LOCATION (City, town, or county): Hagerstown (State): Md

DATE REC'D BY LOCAL REG.: Nov. 20. 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers — 24. FUNERAL DIRECTOR: Walter Y. Grove — ADDRESS: Waynesboro, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maugansville Mennonite Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Maugansville~~ Hagerstown,
STREET ADDRESS (If rural, give location) ~~Maugansville Mennonite Home~~ R.R. 4

3. NAME OF DECEASED (Type or Print) (First) Lizzie (Middle) A. (Last) Martin

4. DATE OF DEATH (Month) Nov (Day) 8 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 26, 1866
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Solomon W. Martin
14. MOTHER'S MAIDEN NAME Anna H. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr. John M. Martin, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Arteriosclerotic cardio vascular disease with myocardial Failure	15 yrs +
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Oct, 1950, to 8 Nov, 1950, that I last saw the deceased alive on 7 Nov, 1950, and that death occurred at 7 45 A m., from the causes and on the date stated above.

SIGNATURE F F Lusky (Degree or title) ADDRESS 2 38 N Potomac DATE SIGNED 9 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 11, 1950
NAME OF CEMETERY OR CREMATORY Reiff Mennonite Ceme.
LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL REG. Nov. 10, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W.T. Norment ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11629

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro Md RFD #1
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro Md. RFD #1
STREET ADDRESS (If rural, give location) Boonsboro Md. RFD #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Joseph Brenard Mc Cauley

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 5 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months 5, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Hide House

10b. KIND OF BUSINESS OR INDUSTRY: Byrons Tannery

11. BIRTHPLACE (State or foreign country): Chewsville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Brenard Mc Cauley

14. MOTHER'S MAIDEN NAME: Laura Virginia Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Joseph Mc Cauley RFD #1 Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease — Interval Between Onset and Death: 6 Mo

201 x
442

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4/50 19..... to 11/4/50 19....., that I last saw the deceased alive on 11/4/50 19....., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: R. F. Young (Degree or title) ADDRESS: M.D. Williamsport Md. DATE SIGNED: 11/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 7 1950
NAME OF CEMETERY OR CREMATORY: Beaver Creek Cemetery
LOCATION (City, town, or county) (State): Beaver Creek Maryland

DATE REC'D BY LOCAL REG.: Nov. 7. 1950
REGISTRAR'S SIGNATURE: John D. Bart

24. FUNERAL DIRECTOR: Albert L. Leaf
ADDRESS: Williamsport Md.

F8820

RECEIVED
NOV 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11630

Reg. Dist. No. 806

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print): Charles Calvin McGlaughlin Sr.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11 1950

5. SEX: Male | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: July 18 1893 | 9. AGE last birthday: 57 yrs. | If under 1 year Months / Days | If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical R. R. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Highfield Pa | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: C. F. McGlaughlin | 14. MOTHER'S MAIDEN NAME: Amanda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 705-10-4489 | 17. INFORMANT: Mrs Charles McGlaughlin Highfield Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 8 hours

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov., 1950, to 11 Nov., 1950, that I last saw the deceased alive on 11 Nov., 1950, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert A. Kuhn, M.D. Blue Ridge Summit, Pa 11/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/13/50 | NAME OF CEMETERY OR CREMATORY West Haven | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Nov-13-50 | REGISTRAR'S SIGNATURE Geo. W Ferguson | 24. FUNERAL DIRECTOR ADDRESS Walter G. Goove, Waynesboro Pa

25447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11631

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 3 days; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock; STREET ADDRESS (If rural, give location) Route #2, Hancock.

3. NAME OF DECEASED (Type or Print): (First) Bridget (Middle) Adaline (Last) Moats

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1950

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-30-05

9. AGE last birthday: 45 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lee Weller

14. MOTHER'S MAIDEN NAME: Hester Younker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Roy C. Moats, Route #2, Hancock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis, far advanced, Bi-lateral — Interval between onset and death: 11 mo (?)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 11 mo (?)

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1950, to Nov 2, 1950, that I last saw the deceased alive on Nov 1, 1950, and that death occurred at 3 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Layman, M.D. ADDRESS 5 Public Square Hagerstown DATE SIGNED Nov 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-5-50 — NAME OF CEMETERY OR CREMATORY: Stone Bridge Dunkard — LOCATION (City, town, or county) (State): Wash. Co., Md.

DATE REC'D BY LOCAL REG. Nov. 3, 1950 — REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR ADDRESS: Charles R. Bast, Hancock, Md.

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NOV 6 1950
BUREAU V. S

11632

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. | LENGTH OF STAY (In this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 N. Jonathan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 202 N. Jonathan St.

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Ellen (Last) Monroe

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/29/1889

9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Millard Clark

14. MOTHER'S MAIDEN NAME: Josphine Calman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Glendora Lee, 53 W. CharlesSt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive arteriosclerotic myocardial heart disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Acute cerebral hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 11/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/12/50 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Nov. 11, 1950 | REGISTRAR'S SIGNATURE C. Stuart Bowers | 24. FUNERAL DIRECTOR ADDRESS Williams & Downey Hagerstown

VS. A15A

RECEIVED
NOV 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 11633

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 17 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 426 Sumans Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 426 Sumans Ave.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Morrison

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 5/2/1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Charlotte N. Car

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Dan Tover 334 Blooms Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive arterio-sclerotic myocardial heart disease

(c) acute cerebral hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Robert Wellington M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD. 115 N. Potomac Hagerstown, Md. Nov. 12 '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11-15-50; NAME OF CEMETERY OR CREMATORY: Washington County; LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REG.: Nov. 14, 1950; REGISTRAR'S SIGNATURE: Chas. H. Bowers; 24. FUNERAL DIRECTOR ADDRESS: William H. Downey Hagerstown

RECEIVED
NOV 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11684

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 4½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location) Main

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Shaffer (Last) Norris

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-29-94

9. AGE last birthday: 56 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Glass Sand Works

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James S. Norris

14. MOTHER'S MAIDEN NAME: Maria Creek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: 212-10-8572

17. INFORMANT AND ADDRESS: Mrs. Hallie J. Norris, Hancock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis, with left hemiplegia	6 days
332X Antecedent cause(s)	Arteriosclerosis, generalized	5 years
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric ulcer — unknown; Kyphosis and scoliosis of spine — unknown

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1950, to Nov. 29, 1950, that I last saw the deceased alive on Nov. 29, 1950 and that death occurred at 6:09 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Cohen — ADDRESS MD Clear Spring, Md — DATE SIGNED 12-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-2-50 — NAME OF CEMETERY OR ~~CREMATORY~~: Piney Plains Meth. Cem. — LOCATION (City, town, or county) (State): Allegany Co., Md.

DATE REC'D BY LOCAL REG.: Dec. 1, 1950 — REGISTRAR'S SIGNATURE: Edgar H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Bast, Hancock, Md.

98 V 9

VS. A15

RECEIVED
DEC 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11635

DR. WELLS
DR. DITTO

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DEAD ON ARRIVAL AT THE WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN MD.
STREET ADDRESS (If rural, give location) 53 MEALEY PKWY.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) JEREMIAH (Last) O'BRIEN

4. DATE OF DEATH: (Month) NOV. (Day) 30 (Year) 50

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 17 1899

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DISTRIC FREIGHT AGENT

10b. KIND OF BUSINESS OR INDUSTRY: PENNA. R.R.

11. BIRTHPLACE (State or foreign country): NEW YORK CITY, NEW YORK

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DENNIS O'BRIEN

14. MOTHER'S MAIDEN NAME: JOSEPHEN DEVENDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 716-16-9176

17. INFORMANT AND ADDRESS: MADALON W. O'BRIEN; 53 MEALEYPKWY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 20 mnts

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. W. Ditto Jr. (Degree or title) — ADDRESS: Hagerstown Md. — DATE SIGNED: 12/1/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: Dec. 4/50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Dec. 1. 1950 — REGISTRAR'S SIGNATURE: C. Chas H. Bowers

24. FUNERAL DIRECTOR: ANDREW K. COFFMAN — ADDRESS: HAGERSTOWN WASH. CO. MD.

26647

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DEC 4 1950
BUREAU A. I.

11636

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Fulton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, McConnelsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) Grove (Last) Patterson
4. DATE OF DEATH (Month) Nov. (Day) 17 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 2, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) York Co., Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. L. Grove
14. MOTHER'S MAIDEN NAME Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. — —
17. INFORMANT AND ADDRESS Miss Isabel G. Patterson, McConnellsburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardiovascular Disease	2 yrs. +x
443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arthritis. Rheumatoid.	2 yrs. +x
93d	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 17, 1950, to Nov. 17, 1950, that I last saw the deceased alive on Nov. 16, 1950, and that death occurred at 12:00 noon, from the causes and on the date stated above.

SIGNATURE W. Howard Yeager. M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED Nov. 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Nov. 20, 1950
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) McConnellsburg, Penna.

DATE REC'D BY LOCAL REG. Nov. 17, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 20 1950
BUREAU V. S.

11637

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 242 E. Irvin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 242 E. Irvin Ave.

3. NAME OF DECEASED (Type or Print): (First) Nancey (Middle) Virginia (Last) Reed

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-19-1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Stoufferstown, Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Ebersole

14. MOTHER'S MAIDEN NAME: Caroline Bixler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT AND ADDRESS: W. Norman Reed, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Myocarditis, arteriosclerotic — indef.

420.1
93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on 11-19, 1950, to ....., 19....., that I last saw the deceased alive on 11-19, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE: Robert F. Keadle M.D. (Degree or title) — ADDRESS — DATE SIGNED: 11-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 11-21-50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Nov. 21, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Scott F. Minnich & Son, Hagerstown

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Penna Ave. Wash. Co. Home

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Henry Reynolds
4. DATE OF DEATH (Month) (Day) (Year): Nov. 14 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 9th 1882
9. AGE last birthday: 68 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Washington Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel M. Reynolds
14. MOTHER'S MAIDEN NAME: Sarah Foltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Geo. C. Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Interstitial Nephritis — 1 yr

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease — 1 yr

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949 to Nov 14, 1950, that I last saw the deceased alive on Nov. 8, 1950, and that death occurred at 12 45 P m., from the causes and on the date stated above.

SIGNATURE: Ernest T. Pool M.D. (Degree or title) — ADDRESS: Physician Hagerstown Md — DATE SIGNED: 11/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 16th 1950 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: Nov. 15, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR — ADDRESS: Rest Haven Funeral Chapel Inc Hagerstown, Md.

Root Warehouse Bldg

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11639

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 31½ E. Franklin St.

3. NAME OF DECEASED (Type or Print) (First) George Bruno (Middle) Otto (Last) Richter

4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH July 9, 1872

9. AGE last birthday 78 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Engineer

10b. KIND OF BUSINESS OR INDUSTRY Oil

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 086-12-4605

17. INFORMANT AND ADDRESS Miss Madeline Richter Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain embolism — Interval between onset and death: 24hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerotic myocardial heart disease — 5yrs

422.1 93d (c) acute congestive myocardial heart failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diarrhea 7 days

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Nov. 15, 1950, that I last saw the deceased alive on Nov. 15, 1950, and that death occurred at 9:50 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Wells M.D. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 11/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov. 17-50 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Nov. 16 1950 — REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

11640

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 631 Pennsylvania Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 631 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Elizabeth (Last) Robinson

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 4-18-1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Cole

14. MOTHER'S MAIDEN NAME: Sarah Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs Robert Dixon, 631 Penns. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 1 yr.

420.0 Antecedent cause(s) —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 93d — —

(c) — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 11/26, 1950, that I last saw the deceased alive on Oct 3, 1950, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS 148 W. Wood. St. Hagerstown Md DATE SIGNED 11-28-50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 11-29-50 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. Nov. 29. 1950 — REGISTRAR'S SIGNATURE Chas. H. Bowers — 24. FUNERAL DIRECTOR William H. Dawsey — ADDRESS 291 Frederick St Hagerstown

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DEC 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11641

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pa. COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Waynesboro #1

3. NAME OF DECEASED (Type or Print): (First) Jason (Middle) (Last) Rock

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 11 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quincy Township

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Rock

14. MOTHER'S MAIDEN NAME: Lena Cauffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Daniel Rosenberger Waynesboro #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Degeneration	6 mos
443 X Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Arterial with Hemi-	10 years
	(c) Nitra Senility and Arteria Sclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or conditinn causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Hnme, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1938, to Oct 31, 1950, that I last saw the deceased alive on Oct 31, 1950, and that death occurred at 10.20 a.m., from the causes and on the date stated above.

SIGNATURE: Robert S. Baylor Jr (Degree or title) M.D. ADDRESS: Waynesboro Pa DATE SIGNED: 11/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Buried DATE: 11/6/50 NAME OF CEMETERY OR CREMATORY: Burns Hill LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REG.: Nov 6. 1950 REGISTRAR'S SIGNATURE: John H. Rast

24. FUNERAL DIRECTOR ADDRESS: Walter G. Grove Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11642

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 519 Saratoga St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	—	Rose	Nov.	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Dec. 25, 1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hod Carrier	—	Hunter, W. Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unk.	unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unk.	unk.	Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral arterio-sclerosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Heart Disease	?
(c) Generalized Arterio-sclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	?

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260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 3, 1950, to Nov. 9, 1950, that I last saw the deceased alive on Nov. 9, 1950, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel Lai, M.D.	Ritchie Hospital, Cascade, Md.	11/9/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-13-1950	Mt Auburn Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-10-50		Mrs Katie R Williams	3224 Edmondson Ave

95899

Cause signed Nov. 25 '50 S. Robert Wells, M.D., Deputy Med. Exam., Wash. Co., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11643

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Ima (Middle) I (Last) Scheller

4. DATE OF DEATH: (Month) Nov. (Dey) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 7, 1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Keedysville

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Josephua Rohrer

14. MOTHER'S MAIDEN NAME: Urilla Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Frederick Scheller

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	12 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse lest (420.0 / 186a)	(b) Arteriosclerotic heart disease	5 Yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition ceusing death. Intertrocanteric fracture rt. hip — 18 Days

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident — PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.): home — (CITY OR TOWN): Keedysville — (COUNTY): Washington — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11 10 50 6 m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR?: Slipped on rug in hall.

22. I hereby certify that I attended the deceased from 11/10, 19 50, to 11/24, 19 50, that I last saw the deceased alive on 11/24/50, 19 , and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE: W. H. Shaffer — (Degree or title): M.D. — ADDRESS: Sharpsburg, Md. — DATE SIGNED: 11/25/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 27, 1950 — NAME OF CEMETERY OR CREMATORY: Fair-View — LOCATION (City, town, or county) (State): Keedysville Md

DATE REC'D BY LOCAL REG.: 11/25/1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR / ADDRESS: R. I. Earnshaw--Keedysville, Md

RECEIVED
NOV 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11644

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Locust Grove
LENGTH OF STAY (If this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rohersville Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Locust Grove
STREET ADDRESS (If rural, give location) Rohersville, Md., Route #1

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Henry (Last) Shafer

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 31, 1911

9. AGE last birthday: 39-2-14 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Hagerstown, Md. Wash.Co.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ira Shafer

14. MOTHER'S MAIDEN NAME: Cora Putman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Nellie Shafer Rohersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia by drowning

929.1

Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b)

183

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing tn the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Stream on farm (CITY OR TOWN) Near Rohersville Wash. (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 25 50 7 A m.

INJURY OCCURRED While at work ☐ Not while at work ☐ xxx

HOW DID INJURY OCCUR? Fell instream of water while rounding up cows

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE S. Robert Mello M.D.
(Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 11/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 28. 1950
NAME OF CEMETERY OR CREMATORY Mountain View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Wash. Co. Md.

DATE REC'D BY LOCAL REG. Nov. 28-1950
REGISTRAR'S SIGNATURE Mrs. Katherine Dagenhart
24. FUNERAL DIRECTOR Chas. J. Bart & Sons
ADDRESS Boonsboro Wash. Co. Md.

VS. A15A

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RECEIVED
NOV 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11645

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring, Md. Rural
STREET ADDRESS (If rural, give location) Route 40 East Clspg., Md.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Shank

4. DATE OF DEATH (Month) Nov. (Day) 13, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 18-1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Christian Hawbaker
14. MOTHER'S MAIDEN NAME Ellen Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John Thomas Shank (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary infarct, Left	24 hours
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease, with chronic auricular fibrillation	15 years
1220	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Resection of ileum, due to femoral hernia with strangulation of ileum — one day

19a. DATE OF OPERATION November 9, 1950
19b. MAJOR FINDINGS OF OPERATION Gangrene of ileum, femoral hernia
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1939, to Nov. 13, 1950, that I last saw the deceased alive on Nov. 13, 1950, and that death occurred at 11:35P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Clear Spring, Maryland DATE SIGNED 11-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 17-50
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Near Clear Spring, Md.

DATE REC'D BY LOCAL REG. Nov. 17. 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clear Spring Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11646

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 36 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.	STREET ADDRESS (If rural, give location) 43 East Washington Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mercedes	P.	Sheahan	Nov.	22,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	July 15, 1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Own home	Louisiana	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Thomas Sheahan Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	12 hours
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Hypertensive cardiovascular disease	Questionable not present 1945
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus Arthritis	12 13 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 21, 1950, to Nov 22, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Layman	M.D.	5 Public Square Hagerstown Md	Nov 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 24, 1950	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 24, 1950	Chas. H. Bowers	Fred W. Kraiss	Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11647

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove Rural — LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robersville Md R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove - Rural
STREET ADDRESS (If rural, give location) Robersville, Md. R.1.

3. NAME OF DECEASED (Type or Print) (First) Etta (Middle) V. (Last) Shiffler

4. DATE OF DEATH (Month) November (Day) 7 (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH June 1 1860 | 9. AGE last birthday 90 yrs. 5 Months 6 Days | If under 1 year | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Robersville Wash. Co. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John L. Shiffler | 14. MOTHER'S MAIDEN NAME Amanda Whitzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None. | 17. INFORMANT AND ADDRESS Raymond Shiffler Robersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Generalized arteriosclerosis and senility — 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 997
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1950 to ....., 19....., that I last saw the deceased alive on 11/3/50, 19....., and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE Walter H. Shearer | (Degree or title) M.D. | ADDRESS Sharpsburg, Md. | DATE SIGNED 11/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Nov. 10. 1950 | NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery | LOCATION (City, town, or county) Boonsboro Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. Nov. 9-1950 | REGISTRAR'S SIGNATURE Katherine Hagenhart | 24. FUNERAL DIRECTOR Wm J. Bast & Sons | ADDRESS Boonsboro Md.

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11648

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena Rural | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena Rural
STREET ADDRESS (If rural, give location) Boonsboro Md. R.2.

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Shoop.
4. DATE OF DEATH: (Month) November (Day) 21 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: May 22 1878 | 9. AGE last birthday: 72 yrs. 5 mos. 29 days | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Mt. Lena Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Dick
14. MOTHER'S MAIDEN NAME: Mary Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS: Jacob Dick Boonsboro Md. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of right lung — Interval between onset and death: 6 months

163X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
47d
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950, to Nov. 21, 1950, that I last saw the deceased alive on Nov. 21, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 11/21/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 24, 1950 | NAME OF CEMETERY OR CREMATORY Fahrney Cemetery | LOCATION (City, town, or county) near Maplerille Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. November 23 1950 | REGISTRAR'S SIGNATURE John H. Bast | 24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md.

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NOV 27 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11649

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 700 Guilford Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	McCleary	Small	Nov	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Sept 7, 1902	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	USA

13. FATHER'S NAME: James Franklin McCleary

14. MOTHER'S MAIDEN NAME: Ella D. Spielman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Hugh C. Small, Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral apoplexy	30 hrs.
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive CVD	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 8, 1950, to Nov 9, 1950, that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 2:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert F. Keadle	MD	ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 12, 1950	Rose Hill Cemetery	Hagerstown	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 10, 1950	Stuart H. Bowers,	W.T. Norment	Hagerstown, Md.

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NOV 13 1950
BUREAU V. S

Dr. Wade

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11650

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Breathedsville Rural.
STREET ADDRESS (If rural, give location) Breathedsville Md.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Statton (Last) Stockslager

4. DATE OF DEATH (Month) (Day) (Year) November 26. 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 20, 1872
9. AGE last birthday 78-8-6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee of P.E. Co.
10b. KIND OF BUSINESS OR INDUSTRY Electric Plant.
11. BIRTHPLACE (State or foreign country) Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Stockslager
14. MOTHER'S MAIDEN NAME Rebecca Rowe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-5353A
17. INFORMANT AND ADDRESS Henry Stockslager 128 S. Mulberry St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal Obstruction	10 days
610 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic Hypertrophy	1 yr. 6 mos.
137a	(c) Pyelitis	2 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inguinal Hernia — 1 yr 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1949, to Nov. 26, 1950, that I last saw the deceased alive on Nov. 26, 1950, and that death occurred at 7.55 P. m., from the causes and on the date stated above.

SIGNATURE John Wade (Degree or title) M. D. ADDRESS Boonsboro. Md. DATE SIGNED 11/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 29. 1950
NAME OF CEMETERY OR CREMATORY St. Marks Episcopal Cemetery
LOCATION (City, town, or county) (State) Breathedsville Wash. Co. Md.

DATE REC'D BY LOCAL REG. Nov. 29. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

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RECEIVED
DEC 4 1950
BUREAU V. S.

Dr. R. Young

1:15 PM

11651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 50 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital	STREET ADDRESS (If rural, give location): 10 Berner Ave.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Oscar	(Last) Stoner, Sr.	4. DATE OF DEATH (Month) Nov	(Day) 17 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct 5, 1881	9. AGE last birthday: 69 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman	10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co.	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Joseph A. Stoner	14. MOTHER'S MAIDEN NAME: Emma E. Rodgers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 214-097-010	17. INFORMANT AND ADDRESS: Mr. Homer D. Stoner, Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Apoplexy	2 MO
334 x Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/50, 19....., to 11/17/50, 19....., that I last saw the deceased alive on 11/17/50, 19....., and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Young	M.D.	Williamsport Md	11/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 20, 1950	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 18, 1950	Chas. A. Bowers	W.T. Norment	Hagerstown, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 11652

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 21 Artizan Street

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Bentley (Last) Straley
4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 17 1891
9. AGE last birthday 59 yrs. If under 1 year Months 2 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard
11. BIRTHPLACE (State or foreign country) Mercersburg Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Henry Straley
14. MOTHER'S MAIDEN NAME Mary Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 214-03 6326
17. INFORMANT AND ADDRESS Williamsport Md. Mrs. Beatrice A Bowers Straley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH 4 Days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7/50 19....., to 11/11/50 19....., that I last saw the deceased alive on 11/11/50, 19....., and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE R F Young (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 11/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 14 1950
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Williamsport Maryland (State)
DATE REC'D BY LOCAL REG. 1950.13.1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
NOV 15 1960
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11653

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lena · Rural ·
STREET ADDRESS (If rural, give location): Boonsboro Md. R.2

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Keefer (Last) Summers

4. DATE OF DEATH: (Month) November (Day) 25. (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 20. 1885

9. AGE last birthday: 64-11-5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gun Store

11. BIRTHPLACE (State or foreign country): Myersville Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Summers

14. MOTHER'S MAIDEN NAME: Mary Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Mrs. Mamie Summers Boonsboro Md. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Virus Pneumonitis — Interval Between Onset and Death: 11-12-50

492X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio-Vascular D.
934 (c) Generalized arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1950, to Nov 25 1950 that I last saw the deceased alive on Nov. 25, 1950, and that death occurred at 11:35 P. m., from the causes and on the date stated above.

SIGNATURE: Sidney Hoverstein — (Degree or title) MD — ADDRESS: Hagerstown Md — DATE SIGNED: Nov. 27-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 28. 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Lena Cemetery | LOCATION (City, town, or county) (State): Mt. Lena Wash. Co. Md

DATE REC'D BY LOCAL REGR.: Nov 27, 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers | 24. FUNERAL DIRECTOR: Wm J. Bast & Sons — ADDRESS: Boonsboro Md

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NOV 29 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 331 W. Washington St.

3. NAME OF DECEASED (Type or Print) (First) Camille (Middle) Phoebe Ellen (Last) Taylor

4. DATE OF DEATH (Month) Nov. (Day) 6 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 31st 1909
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cumberland Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Henry Barger
14. MOTHER'S MAIDEN NAME Beatrice Reybolt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-20-2678
17. INFORMANT AND ADDRESS Vernon W. Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

PRIMARY

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Congenital Heart Defect. Patulous Foramen Ovale? (Patulous Foramen ovale)	Since Birth
754.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Polycythemia -	5 years.
157e	(c)	Pneumonia -	2-3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 7, 1945, to 11/6, 1950, that I last saw the deceased alive on 11/6, 1950, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE Victor D Miller (Degree or title) DR. VICTOR D. MILLER ADDRESS 331 W. WASHINGTON ST., HAGERSTOWN, MD. DATE SIGNED 11/7-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/8/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Nov. 7. 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
NOV 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11655

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 508 Stratford Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 508 Stratford Avenue

3. NAME OF DECEASED (Type or Print): (First) Fitch (Middle) W. (Last) Taylor

4. DATE OF DEATH: (Month) Nov. (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 5, 1863

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Washington County Welfare, Hgst. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis. — 21

421.4 Antecedent cause(s) (b) Chronic Endocarditis — 2

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Decompensation —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. V

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 11/9, 1950, to 11/11, 1950, that I last saw the deceased alive on 11/12, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Victor D. Miller — ADDRESS: DR. VICTOR D. MILLER 131 W. WASHINGTON ST. HAGERSTOWN, MD. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 14, 1950 — NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Nov. 14 1950 — REGISTRAR'S SIGNATURE: Chas. H. Howard

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

XV-49

RECEIVED
NOV 16 1950
BUREAU V. S

11656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
LENGTH OF STAY (in this place) 50 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) S (Last) Valentine
4. DATE OF DEATH (Month) November (Day) 23. (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 22 - 1871
9. AGE last birthday 79-5-1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Upton Emerson
14. MOTHER'S MAIDEN NAME Mary Lopp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS T. Ray Valentine Keeysville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart	Sudden
447 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	2 yr. 4 mo 11 days
95 c	(c) Arteriosclerosis	" " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Neurasthenia " " "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1948, to Nov. 23, 1950, that I last saw the deceased alive on Nov. 19, 1950, and that death occurred at 6.00 a. m., from the causes and on the date stated above.

SIGNATURE J. Hubert Wade. (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED Md. 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF November 26, 1950
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Keedysville Wash. Co. Md.
DATE REC'D BY LOCAL REG. Nov. 26, 50
REGISTRAR'S SIGNATURE R. H. Geeting
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

Dr. Wade

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 30 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

11657

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crawford's Trailer Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Crawford's Trailer Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hazel	S.	Wagner	Nov.	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec 5, 1886	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Hag. Business College	Staunton Va.	

13. FATHER'S NAME: H. M. Wagner
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	388-18-3186	Personal records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

171X / 48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extensive Malignancy of cervix Uteri

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	115 N. Potomac St. Hagerstown, Md.	Nov. 13 '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 17, 1950	Washington Co. Home	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 17. 1950	Chas. H. Bowers	Sea. J. Minnich & Son	Hagerstown

VS. A15A

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NOV 20 1950
BUREAU V. S

11658

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 37 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural, give location) 804 Oak Hill Avenue

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Francis	(Last) Wieseckel	4. DATE OF DEATH	(Month) Nov.	(Day) 10	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-14-1866	9. AGE last birthday 84 yrs.	If under 1 year Months 2	Days 28	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Motive Power (Ret)	10b. KIND OF BUSINESS OR INDUSTRY W.M.R.R.		11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John D. Wieseckel			14. MOTHER'S MAIDEN NAME Margaret ---------				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 705-10-6470		17. INFORMANT AND ADDRESS Mrs. George Martin, Hagerstown				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture left arm	3 week
903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 51b	(b) arterio sclerotic C-V-R Disease - myocardial failure	10 yr
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinomas Prostate	7 yr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Hagerstown	(COUNTY) Wash (STATE)
TIME OF INJURY (Month) Oct (Day) 22 (Year) 50 (Hour) 10 A m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell while walking across room	

22. I hereby certify that I attended the deceased from 23 Oct, 1950, to 10 Nov, 1950, that I last saw the deceased alive on 10 Nov, 1950, and that death occurred at 9 50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. F. Husby	M.	230 N Potomac	11 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11-13-1950	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Nov 12, 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11659

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 57 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 546 W. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 546 W. Church St.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Keller (Last) Williams
4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 14, 1862
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police
10b. KIND OF BUSINESS OR INDUSTRY City Police
11. BIRTHPLACE (State or foreign country) Funkstown Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Williams
14. MOTHER'S MAIDEN NAME Margaret Kaylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS Miss Nona Williams Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	3 yrs
	(c) Hypertensive Heart Disease	10 yrs

420.1
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-46 19....., to 11.24.50, 19....., that I last saw the deceased alive on 11.24.50, 19....., and that death occurred at 2:15 p m., from the causes and on the date stated above.

SIGNATURE S Earl Young MD (Degree or title) ADDRESS Hagerstown, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 26-50
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)
DATE REC'D BY LOCAL REG. Nov 26, 1950
REGISTRAR'S SIGNATURE Chas H. Boevers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1950
BUREAU V. S